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CONFIRMATION NO. 5418

<b>SERIAL NUMBER</b> 10/526,853	<b>FILING OR 371(c) DATE</b> 01/09/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 29326-017CIP NATL
<b>APPLICANTS</b> Eric Rolland, Divonne les Bains, FRANCE; Thomas Hunziker, Oberhofen, SWITZERLAND; Beatrice Mis, Lausanne, SWITZERLAND; Christopher Rinsch, Lausanne, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/27888 09/05/2003 which claims benefit of 60/408,565 09/06/2002 and is a CON of 10/324,257 12/19/2002 which claims benefit of 60/408,565 09/06/2002 and is a CIP of 09/943,114 08/30/2001 PAT 6,673,603 which claims benefit of 60/230,286 09/01/2000 and claims benefit of 60/299,003 06/18/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 32425				
<b>TITLE</b> Methods and compositions for tissue regeneration				
<b>FILING FEE RECEIVED</b> 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	